

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90238 020 ***150.00

DOCUMENT # P02000022104

1. Entity Name
CHILDERS AND SON, INC.



Principal Place of Business

1762 OAK GROVE DR
GREEN COVE SPRINGS, FL 32043

Mailing Address

1762 OAK GROVE DR
GREEN COVE SPRINGS, FL 32043



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0649702

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~JONES, TERRANCE A~~
~~769 BLANDING BOULEVARD~~
~~ORANGE PARK, FL 32065~~

Roy Keith Childers
1762 Oak Grove Dr
Green Cove Springs, FL
32043

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

Roy Keith Childers-Director

4/20/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHILDERS, ROY KEITH
STREET ADDRESS 1762 OAK GROVE DR
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Keith Childers

Date

Daytime Phone #

4/20/04

904-545-2111